Allergies:	Weight in Kilograms:	Height:

Burn Center Adult Insulin Orders

Blood Glucose Monitoring: (Goal: 100 – 150 mg/dL)

❒ Q6H   ❒ Q4H [continuous tube feeds] ❒ Before each meal | ❒ Other _____

Supplemental coverage with subcutaneous: ❒ Regular Human Insulin ❒ Other_____

Blood glucose of less than 70 mg/dL	If patient is alert and cooperative: Give orange juice 240 mL. If patient is unresponsive: Give Dextrose 50% in Water 50 mL intravenously. And notify MD.			
Blood Glucose (mg/dL)	❒ **Low Dose**	❒ **Medium Dose**	❒ **High Dose**	❒ **Individualized**
151 – 200	2 units and call MD if BG is greater than 150 twice per shift **OR** two consecutive times	3 units and call MD if BG is greater than 150 twice per shift **OR** two consecutive times	4 units and call MD if BG is greater than 150 twice per shift **OR** two consecutive times	___ units and call MD if BG is greater than 150 twice per shift **OR** two consecutive times
201 – 250	4 units and call MD	5 units and call MD	6 units and call MD	___ units and call MD
251 – 300	6 units and call MD	7 units and call MD	8 units and call MD	___ units and call MD
Greater than 300	Call MD			

Maintenance Subcutaneous Insulin (Give **before meals** for patients on oral diet)

	BID		At Bedtime	Other: _____	**Every 8 Hours (Continuous Tube Feeding)**
	Before Breakfast	Before Dinner			
❒ Regular Human Insulin	units	units	/////	units	/////
❒ NPH (isophane) Human Insulin	units	units	units	units	units
❒ 70% NPH (isophane)/30% Regular Human Insulin (Humulin 70/30®)	units	units	/////	units	/////
❒ Insulin _____	units	units	units	units	/////
❒ Insulin _____	units	units	units	units	/////

Date	Time Written	Physician's Signature	IMPRINT ID CARD (NAME MRUN CLINIC/WARD)
Physician's ID Number		Service	
RN's Signature		Date Time	
		Scanned By	

BARCODE	**Burn Center Adult Insulin Orders**
	10/2012